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## Bib Data Sheet

**CONFIRMATION NO. 2720**

SERIAL NUMBER 10/662,928	FILING OR 371(c) DATE 09/15/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 31132.153
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## **APPLICANTS**

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## **\*\* CONTINUING DATA \*\*\*\*\***

## **\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	12	53	9
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

46333

**TITLE**

## Revisable prosthetic device

<b>FILING FEE RECEIVED</b> 1848	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time. ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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